



SUPERIOR COURT OF CALIFORNIA
HUMBOLDT COUNTY



TRIBAL COURT
HOOPA VALLEY
TRIBAL COURT

ADULT WELLNESS COURT Referral Form

Please fill this form out with as much information as you can. Contact AWC staff (information below) if you do not receive email confirmation of this referral within two business days.

Date: _____ Submitted By: _____

Email to: wellnesscourtcoordinator@gmail.com

Contact: Hazel Ferris, AWC Court Coordinator, (530) 625-4305 ext. 303

Participant Information	Case Details
Participant's Name:	Case(s) #:
DOB:	
Address:	Next Court Date:
Phone:	
Email:	Status of Case:
Hoopa Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Member of a federally recognized Tribe: Yes No Tribe: _____	



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Case Description	
Prior Charges?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Prior Referral to AWC?: <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain:
Other Related Cases:	

Contacts	Name	Phone	Email
Defense Attorney			
Additional Contacts:			

Additional Applicable Information: